

FILED NOV 18 1957

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39661**

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		Registrar's No. 114	
1. PLACE OF DEATH a. COUNTY Clinton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-U.S. 69# (Shoal)		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laredo		e.g. 20	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3 1/2 miles S. U.S. 69#				d. STREET ADDRESS (If rural, give location) Laredo			
3. NAME OF DECEASED (Type or Print) Ray		a. (First) Ray		b. (Middle) C		c. (Last) STORMS	
5. SEX M.		6. COLOR OF RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-23-1886	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U.S. Post office		10b. KIND OF BUSINESS OR INDUSTRY P.P. Dir.		9. AGE (in years last birthday) 71		11. BIRTHPLACE (State or foreign country) 9	
13a. FATHER'S NAME A.C. STORMS		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Dicy STORMS		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 497-36-1104		17. INFORMANT'S SIGNATURE OR NAME N. Filbert		ADDRESS KC. MO.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Compression				INTERVAL BETWEEN ONSET AND DEATH Seconds			
ANTECEDENT CAUSES				DUE TO (b) Crushed Skull			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Car. wreck			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 69#		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Shoal Clinton MO.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11 13 57-4p		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? auto accident			
22. I hereby certify that I attended the deceased from 19 to 19 , that I last saw the deceased alive on 19 , and that death occurred at 4:10 PM , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. Fred Warner, M.D. Coroner				23b. ADDRESS Lathrop Ave		23c. DATE SIGNED 11/13/57	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE Nov 13 - 57		24c. NAME OF CEMETERY OR CREMATORY Laredo		24d. LOCATION (City, town, or county) (State) MO.	
DATE REC'D BY LOCAL REG. 11-13-57		REGISTRAR'S SIGNATURE Francis D. Crawford		25. FUNERAL DIRECTOR'S SIGNATURE Edmund Funeral Home		ADDRESS Commerce Ave	

(Licensee Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

531
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert F. Poland

Licensed Embalmer No. *4777*

P. O. Address *Canon Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.